



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Patent Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number

10/763,583

Filing Date

January 23, 2004

First Named Inventor

CHON HEI LEI

Art Unit

2167

Examiner Name

CHERYL RENE LEWIS

Attorney Docket Number

50277-2408

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement

Certified Copy of Priority
Document(s)Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts under 37
CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CDAfter Allowance Communication
to TCAppeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please
Identify below): Remarks
RETURN RECEIPT POSTCARD**Remarks**The Director is hereby authorized to charge any additional fee(s) or underpayments of
fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302
Deposit Account Name: Hickman Palermo Truong & Becker LLP**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Hickman Palermo Truong & Becker LLP

Signature

Printed name

MARCEL K. BINGHAM

Date

May 10, 2007

Reg. No.

42,327

CERTIFICATE OF TRANSMISSION/MAILINGI hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
the date shown below:

Signature

Typed or printed name

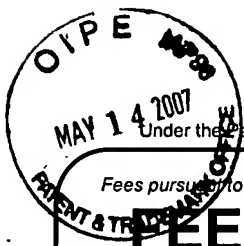
Trudy Bagdon

Date

May 10, 2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Client Ref. No. OID 2003-290-01



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**120.00****Complete if Known**

Application Number	10/763,583
Filing Date	January 23, 2004
First Named Inventor	Chon Hei Lei
Examiner Name	Cheryl Renea Lewis
Art Unit	2167
Attorney Docket Number	50277-2408

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) EXTENSION OF TIME FOR 1 MONTH FEE**Fees Paid (\$)**
\$120.00**SUBMITTED BY**

Signature		Registration No. 42,327 (Attorney/Agent)	Telephone (408) 414-1080
Name (Print/Type)	MARCEL K. BINGHAM	Date	May 10, 2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select opti